

| Hospital | City / Town | | County | Teaching Status [1] | Fiscal Year End | Number of Months Data | |
|-----------------------------------|--------------|--------------|---------------|---------------------|-----------------|----------------------------|------------------------------|
| North Adams Regional Hospital | North Adams | | Berkshire | Nonteaching | 09 / 30 | 6 | |
| Financial Performance Indicators | FY99 | FY00 | FY01 | FY02 | FY03 Q2 | MA Industry Median FY03 Q2 | NorthEast US Median FY01 [2] |
| Profitability | | | | | | | |
| Operating Margin | 3.34% | -0.10% | -2.81% | -2.30% | -1.46% | -1.1% | not available |
| Non-Operating Margin | 0.26% | 0.17% | 0.27% | 0.10% | 0.12% | 0.4% | not available |
| Total Margin | 3.60% | 0.07% | -2.54% | -2.21% | -1.34% | -0.5% | 1.9% |
| Operating Surplus (Loss) | \$1,165,771 | (\$38,244) | (\$1,089,092) | (\$914,034) | (\$162,676) | --- | --- |
| Total Surplus (Loss) | \$1,257,092 | \$24,863 | (\$984,999) | (\$874,658) | (\$149,347) | --- | --- |
| Liquidity | | | | | | | |
| Current Ratio | 1.40 | 1.36 | 1.42 | 1.91 | 1.01 | 1.61 | 1.64 |
| Days in Accounts Receivable | 66.53 | 67.21 | 64.72 | 64.03 | 121.98 | 52.3 | 60.4 |
| Average Payment Period | 52.90 | 102.11 | 86.39 | 59.60 | 230.41 | 51.7 | 65.9 |
| Solvency/Capital Structure | | | | | | | |
| Debt Service Coverage (Total) [3] | 2.58 | 1.88 | 1.32 | 1.35 | --- | --- | 2.79 |
| Cashflow to Total Debt [3] | 16.59% | 10.82% | 6.78% | 7.52% | --- | --- | 15.5% |
| Other | | | | | | | |
| Total Net Assets | \$16,525,528 | \$17,736,388 | \$14,972,402 | \$6,582,106 | \$5,558,245 | --- | --- |
| Net Patient Service Revenue [4] | \$33,445,069 | \$35,191,297 | \$37,386,367 | \$38,412,886 | \$10,792,054 | --- | --- |

FY03 Q2 Filing based on hospital's internal financial statements.

Data Sources: FY99 - FY01 data is drawn from DHCFF-403 Cost Report, Schedule 23. FY02 data drawn from DHCFF annual filing. FY03Q2 data drawn from DHCFF Quarterly Filing
CAVEATS: FY99 - FY02 data is unaudited but reviewed by the Division for consistency with the Audited Financial Statements. DHCFF filings may not reflect all of the financial resources available to the hospital -- for example, resources available through associations with foundations or parents/affiliates. Financial information must be interpreted within the context of other factors, including, but not limited to, management plans, reimbursement changes, market behavior, and other factors affecting performance.
Comments: Hospitals may also submit comments which further explain or clarify specific data items. Any such disclosures are shown below.

Increase in Days in Accounts Receivable are due to Medicare withholding which will be resolved shortly. Average Payment period has increased due to the purchase of a Laboratory business and the Pension Liability audit reclassification.

Notes:

[1] According to the Medicare Payment Advisory Commission (MEDPAC), a major teaching hospital is one with at least 25 FTE residents per 100 inpatient beds.

[2] Northeastern U.S. Median data from The "2003 Almanac of Hospital Financial & Operating Indicators". The Center for Healthcare Industry Performance Studies (CHIPS)/St. Anthony/Medicare INGENIX.

[3] Not applicable to Quarterly analysis due to shortened time frame.

[4] Net Patient Service Revenue includes Premium Revenue.